



- ☐ NEW VENDOR
- ☐ CHANGE REQUEST
- ☐ MULTI ADDRESS

STATE OF MAINE
NEW VENDOR/VENDOR UPDATE FORM

PLEASE PRINT OR TYPE

CURRENT NAME/ADDRESS

IF CHANGE REQUEST, PLEASE COMPLETE THIS
SECTION WITH OLD NAME/ADDRESS

NAME: _____

ADDRESS: _____

CITY, STATE, AND ZIP CODE:

TAX I.D. NUMBER:

INDIVIDUAL OR SOLE PROPRIETOR

Social Security Number

CONTACT NAME: _____

CONTACT PHONE NUMBER: _____

OR CORPORATION

Employer Identification Number

ACCOUNTS RECEIVABLE CONTACT:

COMMENTS:

VENDOR DESCRIPTION: ENTER Y (YES) FOR ALL THAT APPLY

DEALER	_____	INDIVIDUAL	<u>X</u>	SMALL	_____
MANUFACTURER	_____	SOLE PROPRIETOR	_____	IN-STATE	_____
JOBBER	_____	PARTNERSHIP	_____	SERVICES (NON-MED)	_____
RETAILER	_____	INCORPORATED	_____	MEDICAL SERVICES	_____
FACTORY REP.	_____	COMMODITY	_____	GOVERNMENT ENTITY	_____
		MINORITY	_____	NON-PROFIT CORP.	_____

SUBMITTED BY: _____
(AUTHORIZED VENDOR;S SIGNATURE)

DATE: _____

TITLE: _____

STATE AGENCY CONTACT: _____

PHONE: _____